

To: Representative Edith Clark, Chair  
Subcommittee of the Appropriations Committee  
2007 Montana Legislature  
From: Aart Dolman  
Date: 01/10/2007  
Re: Commentary of the Peer Support Specialist Program  
Great Falls, MT.

EXHIBIT 8  
DATE 1-10-07  
HB 2

Dear Representative Clark and Committee Members:

As an Advocate for Mental Health, I have been an active member of the Peer Specialist Program Oversight Committee, Great Falls, from its origin in October 2005 to the present. I have been a concerned citizen for Mental Health ever since my retirement from the Montana University System for more than a decade, and I strongly recommend that enough funding is provided for this project so that it can be extended to other Montana communities.

The advantages for such a program are very clear. It has the promise to keep consumers out of the State Hospital, it is designed for urban and rural communities, it creates a peer support recovery network complete with follow-up programs for short and long terms, and it has linkages with other programs such as Veterans and Vo-Rehab programs.

All of the qualified Peer Specialists in the Great Falls program have completed the certified WRAP program offered by META Services, located in Arizona, during the fall of 2006.

Even though this particular program was designed and developed for our state, a variety of Montana citizens of different walks of life serve actively on its Over-Sight Committee. Some are mental health consumers while others are professional staff from different professions such as Case Management, Nursing, Vo-Rehab, Veterans, etc. while others are a variety of citizen advocates who have promoted mental health care for many years.

On the next page, I present to you some of the key components and structure of the Peer Support Specialist Program which was started last December, 2006, after its Peer Specialists had extensive training in the Wellness Recovery Action Plan (WRAP), and it is model for long term Mental Health care in our rural and urban Montana communities.

The Peer Specialist Program in Great Falls has a

### **Vision**

Mental health consumers will use their recovery skills to assist others

### **Mission:**

To utilize rural and urban consumer and community resources to plan and implement a recovery-oriented, Medicaid-reimbursable peer support service that may become a statewide working model.

(This is a Medicaid-Funded Peer Support Service program and it provides hope for a long term growing a Wellness Recovery Action Program, WRAP)

### **The Concept**

It is based upon the idea that there are barriers to recovery from Mental Illness, and they are Stigma, stress of employment, family perceptions, fear of success, fear of responsibility, personal attitude, and loss of other services

The Objective of the Peer Support Program is to become a functioning member of our community, combined with the growth to recovery and employment, with the hope of becoming a functioning member of our community.

This is to be achieved through medication Self-Management, peer support, WRAP-training, and evaluation.

### **Peer Participation**

Peers participate and provide support in the

1. Initial Crisis Contact from Case Manager Referrals, Emergency Room, and other referrals.
2. Intervention: They work under supervision of Therapists and Case Managers, employment, training, and empowerment.
3. The Road to Recovery: They assist in Medication Self-Management, provide support in the individual WRAP Plan and Wellness Education

### **Definition of a Peer specialist**

A Peer Specialist is a person who has had:

A Psychiatric Label and the prejudice associated with it.

Major Life disruptions such as homelessness, repeated unemployment, extended isolation, loss of important relationships, childhood and adult trauma and/or abuse, problems in pursuing dreams and personal goals, loss of civil liberty through institutionalization or other forms of confinement.

Determination by others (e.g. relatives, service providers) to lack competency and negative valuation as a result of diagnosis

Major, protracted experiences such as disabling fear, anxiety, depression, hopelessness, helplessness stemming from having a diagnostic label or from traumatic life events and inhumane mental health treatment

Discrimination from family, friends, treatment providers and society in general

Significant, positive altered states associated with energy, creativity, spirituality, and other like phenomena

### **A Peer Specialist is not**

Some one who has sought: such as:

1. couples and/or individuals counseling to resolve passing difficulties;
2. engaged in therapy at a time of major life transition;
3. used antidepressants or tranquilizers to ease discomfort at certain times of life.
4. nor family members of individuals with diagnoses fit the definition of a peer specialist.

### **Peer Support Studies**

Kurtz, 1988, found people who had received peer support showed acceptance of illness and higher medication compliance. Hospitalization rates dropped from 82% to 33%

Kennedy, 1990, showed a reduction in Hospitalization at the state hospital from 179 days before peer support to 49 days afterwards (over 32 months).

Edmondson et al., 1982, found re-hospitalization rates of people receiving Peer Support were half of those of a control group.

A Colorado Health Networks study (Forquer and Knight, 2001) found that substance abuse, suicide and hospitalization rates had dropped significantly for a large statewide group receiving Peer Supports.

**Peer Support Results:**

90% of individuals who begin Peer Support program at META Services complete the training.

80% of those who complete training become employed.

In Georgia, over 80% of those who become certified Peer Specialists become employed.

**Statement in President's New Freedom Commission:**

1. Consumers expand the range and availability of service and supports that professionals offer
2. Consumer providers can broaden access to peer support, engage more individuals in traditional mental health services, and serve as a resource in the recovery of people with psychiatric diagnosis
3. Because of their hands-on experience, consumer providers bring different attitudes, motivations, insights and behavioral qualities to recovery
4. Consequently, consumers should be involved in appropriate service and support settings

**Great Falls Peer Specialist Over-Sight Committee**

Joe Moll, Vernon Bishop, Joan-Nell MacFadden, Aart Dolman, Ph.D., James Hollimon, Rosemary Hollimon, Donna Sadler, RN, Kate Montgomery, James Gustafson, Matthew Stewart, Mike McLaughlin, Ph.D., Scott Tanner, Vo-Rehab, Art and Bonnie Grindwood.